



## New Jersey Department of Children and Families Policy Manual

Manual:	CP&P	Child Protection and Permanency	Effective Date:
Volume:	II	Intake, Investigation and Response	
Chapter:	C	Initial Response	2-6-2012
Subchapter:	5	Investigation	
Issuance:	1000	<b>Interviewing, Gathering and Verifying Information</b>	

### **Interviewing, Gathering, and Verifying Information                      2-6-2012**

“The child protective investigator shall interview the alleged child victim in person and individually, during the investigation of a report containing any allegation. The child protective investigator shall observe each non-verbal alleged child victim. The child protective investigator shall use sensitivity to avoid further trauma to each alleged child victim.” (N.J.A.C. 10:129-3.1(a)).

“The child protective investigator shall, in completing an investigation of a report containing any allegation:

- Interview, in person and individually, the caregiver and each adult in the home. The child protective investigator shall interview the alleged child victim's caregiver on the same day as the alleged child victim, if possible;
- In cases where a service case is currently closed but had been open within the previous two years, interview a prior permanency worker who is the most knowledgeable about the family, if he or she is available
- Interview, in person and individually, each other child residing in the home of the alleged child victim. The child protective investigator shall observe each non-verbal child'
- Interview the reporter and each other person identified in the current report or related information as having knowledge of the incident or as having made an assessment of physical harm, including, but not limited to, the:
  - i. Physician;
  - ii. Medical examiner;
  - iii. Coroner;
  - iv. Other professional who treated the alleged child victim's current condition, other than the reporter;

- v. Assigned permanency worker;
  - vi. Youth services provider;
  - vii. Private agency caseworker; and
  - viii. Other Department representative working with the alleged child victim or his or her family;
- Interview the alleged perpetrator, in person;
  - Obtain and document written approval by a supervisor when seeking to eliminate any requirement listed ... above.” (N.J.A.C. 10:129-3.1(b))

Unless there is good reason not to, all primary persons are interviewed separately and individually. When any of these people are not seen during the first attempt at contact, additional attempts are made as soon as possible.

When **domestic violence** is alleged or co-occurs with child abuse/neglect, see the [DCF Domestic Violence Protocol](#), "Interviewing Procedures," in Section V, for policies and procedures regarding methodology for, and the sequencing of, interviews with the child, siblings, the non-offending parent/caregiver, and the batterer.

Other siblings, children, and other household/family members are interviewed as soon as possible, until each person is seen. See [CP&P-II-C-5-125](#). Documentation of each interview is completed within sixty (60) calendar days of the date SCR assigned the CPS report to the Local Office for response.

The investigation includes contacts with those people who, by the nature of their relationship to the child, the family, the alleged perpetrator, or the incident, will be able to give the most relevant information. The Investigator interviews any person who may have been a witness to the incident, or past incidents, and attempts to contact and interview any person who could reasonably be expected to have information relevant to the investigation. Such contacts include, but are not limited to: the source of the referral (i.e., the reporter); the child; the parents, guardian or other caregiver; the alleged perpetrator (if not the parent); school personnel; doctors, mental health practitioners and other health professionals who provide health care services to the family; the local police; expert witnesses; relatives; family friends; and/or neighbors. Contact with collateral persons does not eliminate the Investigator's responsibility to have contact with an alleged perpetrator. The Investigator makes contacts in person, whenever possible. See [CP&P-II-C-5-175](#).

Tape recording -- including audio recording and video recording -- is not an acceptable method for CP&P field staff to routinely interview clients or others, or gathering and/or verifying information for case recording or CPS investigation purposes. See [CP&P-IX-G-1-200](#).

**Advising Clients and Perpetrators      2-6-2012**

- “(a) The child protective investigator shall notify the parent of the child subject of the investigation and the caregiver of the child subject of the investigation, if the child will remain in the custody of the caregiver, as soon as possible after interviewing or observing the child or any of his or her siblings that the child(ren) has been interviewed or observed.
- (c) The child protective investigator shall provide the following people with the information specified in (d) below:
1. The alleged child victim in accordance with and in a manner appropriate to the alleged child victim's age, condition, and capacity to understand and cope with the information;
  2. The alleged child victim's caregiver with physical custody at the time of the incident;
  3. The caregiver with whom the alleged child victim normally resides; and
  4. The caregiver to whom the alleged child victim will be returned, if the alleged child victim is in an institution at the time of the incident.
- (d) The child protective investigator shall provide the following information to those people specified in (a) above:
1. That a report has been made, the nature of the allegation and that an investigation will be conducted;
  2. The name and telephone number of the child protective investigator assigned to investigate and his or her supervisor; and
  3. That a child protective investigator is responsible for conducting an investigation pursuant to N.J.S.A. 30:4C-11 and 12 and 9:6-8.11.
- (e) The child protective investigator shall delay notifying the persons specified in (a) and (c) above, as long as the delay does not appear to put the alleged child victim at risk, when the police, prosecutor or Deputy Attorney General has determined that notifying them would impede the investigation or litigation.
- (g) The child protective investigator shall inform the temporary caregiver of any alleged child victim who is in the care of that temporary caregiver at the time of the investigation of the provisions of (b) above, when that information is necessary for the temporary caregiver to provide care for the alleged child victim.” (N.J.A.C. 10:129-7.1)

“The child protective investigator shall, upon initial contact, inform each person specifically alleged to be a perpetrator of abuse or neglect about the provisions of

N.J.A.C. 10:129-7.1 and that he or she has been named the alleged perpetrator of abuse or neglect, unless the police, prosecutor, or deputy attorney general advises the child protective investigator to delay providing the information, or when providing such information will jeopardize the investigation.” (N.J.A.C. 10:129-7.2)

See [CP&P-III-C-7-100](#).

When domestic violence is alleged or co-occurs with child abuse/neglect, see [CP&P-VIII-B-1-100](#) for policies and procedures regarding interviewing the child, siblings, the non-offending parent/caregiver, and the batterer.

### **Investigation Hindered 5-10-2010**

If the worker has problems finding the family or in making personal contact for some other reason, the worker consults from the field with the Supervisor. The worker or the Supervisor contacts the person making the report or contacts another identified collateral for additional information. Neighbors may be approached by the worker, in an attempt to locate the client family to conduct an investigation. The worker documents any unsuccessful attempts to make personal contact with the family and/or any circumstances that make personal contact impossible in a Contact Activity Note in NJS, or in the Investigation Summary, DCF Form [2-1](#). The worker documents the extra steps or strategies she or he uses to try to make personal contact when traditional techniques or approaches do not work.

If, at any point, the parent actively refuses to cooperate or attempts to force the worker from the home or threatens violence, the worker withdraws and consults immediately with the Supervisor. If the situation appears to pose immediate risk to the victim or other children, or to another person in the home (including a non-abusive parent who may be a victim of family violence), the worker summons the police for assistance immediately, and then consults with his or her Supervisor. It is the Supervisor's responsibility to consult with other supervisory staff and/or a Deputy Attorney General and to direct the next steps of the investigation. The DAG should be consulted about petitioning the court for an order for investigation (N.J.S.A. 30:4C-12).

The Supervisor and Worker decide whether it is appropriate to send the parent a Letter to Client Regarding Need to Cooperate with Child Protective Services Investigation, CP&P Form [26-68](#).

If the investigation is hindered because a child/family is missing, see [CP&P-III-C-4-100](#) for policy and procedures.

When domestic violence co-occurs with child abuse and/or neglect, see the [DCF Domestic Violence Protocol](#), "Buddy System and Other Safety Procedures for Worker's Safety," and "Interviewing Procedures," in Section V.

## Order of Interviews

5-10-2010

To preserve evidence, assess child safety, and maintain the integrity of information when conducting a CPS investigation, unless there is good cause not to, interview family members individually. The best order for interviewing family members is the following: the child-victim; siblings or other children in the household; the non-offending parent; the alleged perpetrator. This schedule, however, may not always be feasible, realistic or appropriate. The Worker and Supervisor discuss the referral, and, if appropriate, make adjustments to reflect the realities and special circumstances of the presenting situation. The recommended order is:

1. Interview the child/victim first in a setting which allows him to feel safe to disclose information so that the Worker can determine: If there was one incident or multiple incidents over time; the need for medical examination/treatment; details of disclosure; whether anyone else was present or may have been a witness to the incident; whether a visual inspection of the child is needed, and, if so, whether any of the child's clothing will need to be removed (see below); and whether anyone else knows about the situation and can corroborate information gathered. In addition, for allegations of sexual abuse: is there a progression of sexual activity; are there elements of secrecy, pressure or coercion; what opportunity is there - such as, when is the other parent out of the home to allow sexual abuse incidents to take place; explicit details of the sexual activity.
2. Interview siblings and other children in the home or institution next to determine: whether there is any risk to these siblings, whether their statements can validate the child-victim's story. In addition, for allegations of sexual abuse: their involvement in sexual abuse activities, their awareness of sexual abuse activities; when they are absent from the home, to create opportunity.
3. Interview the non-offending parent, guardian or caregiver to learn whether he or she: was aware of the abuse/neglect; was a participant in the activity; has ability to protect the child victim and/or siblings; can further validate the child victim's statements. (If the non-offending parent, guardian or caregiver or a sibling of the child-victim is the source of the referral, or if he seeks out CP&P to tell his story, see that family member first, then proceed with the investigation outline.)
4. Interview the alleged perpetrator to obtain his explanation of the incident.
5. Interview collateral sources of information and witnesses who could reasonably be expected to have information relevant to the investigation. Based on any new information provided by the child and family members, make additional collateral contacts to gather information to further validate the report. Consider re-interviewing previously seen persons for additional information, clarification and details, if relevant. Consider whether to interview neighbors who may have witnessed this or past incidents, behaviors, family interactions, patterns, methods used by the parent(s) or others to discipline the child, or who may wish to

express concerns about the appearance of, and/or the care given to, the child or other children in the home. (The Worker's objective in contacting collateral sources is to elicit necessary information without disclosing more client information than is absolutely essential.)

When **domestic violence** co-occurs with child abuse/neglect, see the [DCF Domestic Violence Protocol](#), "Interviewing Procedures," in Section V.

### **Direct Contact with the Child Victim(s)      2-24-97**

Good casework practice suggests/indicates involving the parent in actions taken on behalf of the child. However, the safety and protection of the child are the first concern of CP&P and must take precedence over parental involvement when the immediacy of a situation indicates the need for action. Therefore, the Worker speaks with the child alone or separately from the parents for at least part of the interview. How and where this is done is based upon the case situation and is discussed and planned during the supervisory conference.

Interviewing a child in the next room from the parents is one option if there is privacy so that the child can speak freely without fear of being overheard. In other cases, the child may need to be seen apart from the parents in a neutral, non-threatening setting such as the school or other social service setting.

### **Seeing the Child Alone/Apart From the Parents      2-24-97**

The worker asks the child how he or she was injured and who was present when it happened. In order for any young child (and many older children) to provide information, the child must trust the worker to protect him or her. The child additionally must believe that he or she is not betraying a parent or caregiver who is the perpetrator. Young children typically blame themselves for any abuse that is inflicted upon them. In addition to this, even severely abused children are emotionally dependent on parents who may be their abusers. As a result, they are often reluctant to tell what is really happening to them. The level of trust and safety that the child victim needs to feel in order to be open with the worker may be very difficult for the worker to establish during the initial response. Often children do not disclose what really happened to them for weeks, and sometimes not for years, and then the disclosure is made only in a safe setting -- the child discloses to a therapist or to a foster parent whom the child trusts. Therefore, the child's version of how he or she was injured -- many times a denial that abuse occurred -- cannot be taken at face value. It must be taken in the context of all the other information that is available.

The Worker sees the child to:

- assure that the child is currently safe;

- evaluate the child's immediate status (injuries apparent? overall physical condition? health? degree of cleanliness? appropriate development for child's age?)
- evaluate the child's living conditions, environment.

The Worker also speaks with the child to determine:

- what the child knows about the allegation(s) or the incident;
- the presence of, or cause or explanation for, any injuries or emotional harm;
- whether treatment was obtained, and, if so, where;
- if the child feels safe in the home;
- if siblings or other children in the home or institution are at risk;
- others who might be aware of the incident or who may have been present during the incident;
- relationships within the family;
- available extended family members as supports.

The investigating Worker tries to provide the child with the fullest opportunity to speak. The Worker changes the interviewing strategy if the one initially selected doesn't seem to work.

### **Seeing the Child and Parent(s) Together      6-28-95**

The Worker observes the interactions of the parents and children when they are together to determine risk to the children and assess strengths as well as areas in which intervention is needed.

The Worker can also arrange to meet with the entire family as a group to assess and intervene unless there are indications that one family member will be violent toward another if they are together.

Interviewing the child is a vital component of an investigation; observing how the family functions together is also critical. A child's or parent's actions or reactions in the family group can be more revealing than the actual words a child may say (or may be afraid or unable to say) to the Worker.

### **Re-interviewing the Child      6-28-95**

If the Worker suspects an abuse/neglect incident did occur, but that the child was not free to talk or was not candid in his responses (was seen to be anxious, fearful, provided inconsistent or unrealistic explanations for injuries/events), then the child should be interviewed again, perhaps in a more controlled, neutral, less threatening setting.. If the parent refuses to allow the Worker to further interview the child or to interview the child alone, see below.

### **Child Not With His Parent at the Time of Initial Field Response 6-28-95**

The Worker may interview the child wherever the child is when it is necessary to ensure the safety of the child and the integrity of the investigation. Such situations include, but are not limited to:

- a child who may be in need of immediate medical care;
- the child who may be at risk of further harm upon his return home; or
- when there is reason to believe that the parent will abscond with the child or in some way impede the investigation.

### **Parental Consent to Interview the Child 3-16-2009**

Parental consent is not necessary to interview the child (N.J.S.A. 9:6-8.18), but it is necessary to make every effort to advise the parent of the intent to interview the child as soon as possible through a telephone call or personal interview, unless by doing so the child will be placed at risk. The Worker clearly informs the parent that a report was received by CP&P (i.e., screened by SCR and assigned to the CP&P Local Office), and explains the allegations and the steps that will be taken to conduct the investigation.

When a parent refuses to allow the interview, the Division may take action under N.J.S.A. 9:6-8.27, 28, 29 or N.J.S.A. 30:4C-12.

Whenever the Worker has been unable to secure the permission of, or otherwise notify the parent prior to interviewing the child, the Worker shall notify him or her as soon as possible, after interviewing or observing the child or his or her sibling, that the child has been interviewed or observed.

When an investigation concerns a resource family home, a facility, or another out-of-home care setting (i.e., an "institution,") and the child victim is receiving services through CP&P, SCR makes the "Primary Assignment" to the IAIU Regional Office and makes a "Secondary Assignment" to the assigned Worker in NJ SPIRIT.

For resource family home investigations, the assigned CP&P Worker, who has an established working relationship with the parent(s) and the child victim(s), advises the parent(s) of the allegation, particularly if the child is injured or in distress.

For other IAIU investigations, the facility Administrator notifies the parent of the incident. In addition, the IAIU Investigator must contact the parent early in the investigation process, to provide information to the parent about the allegation, the investigation process and applicable law, and to obtain collateral information about the child.

When an investigation is conducted in an institution, and IAIU interviews child witnesses as part of its investigation, the IAIU Investigator shall not be obligated to notify their parents. However, if the person or institution caring for the child objects to a child witness being interviewed by an IAIU Investigator, or fears repercussion from the parent, the Investigator explains the legal mandate of IAIU to conduct the investigation and the immunity afforded to persons making a report of child abuse or neglect or giving testimony. The IAIU Investigator makes a reasonable effort to accommodate requests to notify a parent before the child witness is interviewed. If access to the child witness is refused, the IAIU Investigator immediately consults the DAG through the Litigation Specialist and supervisory channels, to determine whether to seek court relief or take other action.

New Jersey Administrative Code 6A:16-11.1, adopted by the State Board of Education, requires that district boards of education adopt and implement policies and procedures for reporting child abuse to SCR and cooperating with CP&P and IAIU in investigations of child abuse/neglect. Children may not be removed from school without a court order, unless it is necessary to protect the child or take the child to a service provider. See [CP&P-II-C-5-500](#), CP&P Response to School Reports of Child Abuse and Neglect.

### **Direct Contact with the Parent/Caregiver and Perpetrator 2-6-2012**

Before interviewing primary persons -- the parents/caregivers, alleged perpetrators, children, direct witnesses -- the worker politely asks the parent to arrange for privacy so that each primary person can be interviewed individually, out of the hearing of other persons. Asking to speak with primary persons privately not only helps to guard the integrity of the investigation, it also demonstrates the worker's respect for the client family.

Throughout the course of a child abuse/neglect investigation, the worker makes appropriate efforts to explain important investigative outcomes to the child's parent(s) and to the alleged perpetrator.

“The child protective investigator shall notify the parent of the child subject of the investigation and the caregiver of the child subject of the investigation, if the child will remain in the custody of the caregiver, as soon as possible after interviewing or observing the child or any of his or her siblings that the child(ren) has been interviewed or observed.” (N.J.A.C. 10:129-7.1(a))

“The child protective investigator shall delay notifying the person specified in (a) and (c) (see N.J.A.C. 10:129-7.1) above, as long as the delay does not appear to put the alleged child victim at risk, when the police, prosecutor or Deputy Attorney General has

determined that notifying them would impede the investigation or litigation.” (N.J.A.C. 10:129-7.1(e)).

When domestic violence co-occurs with child abuse/neglect, see [CP&P-VIII-B-1-100](#) for policies and procedures regarding interviewing the non-offending parent/caregiver and the batterer.

## **Interviewing the Parent/Caregiver      2-6-2012**

Interviewing the child's parent/immediate caregiver (i.e., the person who has physical custody of the child, generally one or both parents, a legal guardian, legal custodian, relative caregiver, etc.) is required in a CPS abuse/neglect investigation whether or not he or she is the alleged or suspected perpetrator. The Worker identifies himself as a representative of CP&P and explains his reason for contacting the parent. He explains to the parent that CP&P has received a referral, indicates what allegations have been made, but does not inform the parent of the identity of the referral source. The Worker asks the parent about his perception of the incident or what the situation is in relation to the allegation or any observable harm to the child.

The Worker explains in private to the parents or caregivers, including the alleged perpetrator, that an allegation has been made that must by law be investigated. He or she gives the parents/caregivers an overview of what will happen during the initial investigation phase -- who will need to be interviewed, etc. -- and asks for the parents' cooperation. The Worker is as responsive as possible to the parents' concerns, anger, fear, or confusion -- while remaining mindful that the safety and well-being of the children is the Division's primary concern.

During an abuse/neglect investigation, the Worker shares only the information with the parent/caregiver which is essential to determining whether abuse or neglect occurred and to the treatment and protection of the child and/or parent.

This includes advising the parent/caregiver of the allegations, the investigative procedures and findings, and information necessary to develop and implement a case plan with the client. See [CP&P-II-C-2-200](#) and [CP&P-III-C-7-100](#).

When domestic violence co-occurs with child abuse and/or neglect, see the [DCF Domestic Violence Protocol](#), "Interviewing Procedures," in Section V, for policies and procedures regarding interviewing the non-offending parent/caregiver.

When the parent/caregiver refuses to cooperate with the investigation, he is advised that CP&P may seek the assistance of the court in order to secure the parent's cooperation. If the Division initiates court action, parents receive written material per guidelines in [CP&P-IX-L-1-500](#), Protective Services Litigation Manual.

“The child protective investigator shall make every reasonable effort to notify the child's parent, caregiver, temporary caregiver, and institutional caregiver responsible for the

child at the time of the removal, when an emergency removal is made pursuant to N.J.S.A. 9:6-8.29 (i.e., a Dodd removal).” (N.J.A.C. 10:129-6.3(a))

### **Injury or Risk to a Child by Others      2-24-97**

When persons who do not have a caretaking relationship to the child either harm or cause significant risk of harm to a child, that incident must be reported to the police. The Worker advises the parent/caregiver to report the incident and provides assistance when the parent is unable or unwilling to do so.

The Worker:

- explains that it is the parent's responsibility to protect the child,
- elicits from the parent what he will do to prevent a recurrence, and
- makes specific suggestions regarding the child's protection, if necessary.

The Worker reports the incident to the police when a parent refuses or shows reluctance to make the report. Failure to react appropriately may suggest that the parent may have been instrumental to the occurrence of the harm or risk of harm, may be protecting the alleged perpetrator or may be fearful of retaliation, may be incapable of making the report, or may be traumatized as a result of the incident. The Worker makes an assessment of the parent's ability and desire to protect the child. He advises the parent that the incident will be reported to the police and does whatever is necessary to ensure the safety of the child.

The Worker assesses any failure by the parent to prevent the harm or to protect the child and considers whether the parent's action or inaction constitutes child abuse or neglect.

### **Interviewing Other Household/Family Members and Others      2-24-97**

The Worker may find a chaotic situation when he arrives. In many situations, especially ones involving substance abuse, family boundaries have broken down and unidentified people come and go at will. This is a risk indicator in and of itself. The response worker identifies all the persons present in the home at the time of the investigation. The worker asks the people who are present their names and their relationship to the family. Either the Worker or the buddy records this information.

The worker interviews other children and adults in the home -- especially those believed to have been present when the injuries occurred -- about how the victim got his or her injuries. The worker interviews separately and in private, the siblings of the victim, the child's parents or caregivers, including any paramour living in or frequenting the home, other persons living in the home, and any other witnesses who may or may not be regular members of the household.

The Worker has a face-to-face contact with each individual residing in the household including children, paramours and other adults residing with the family, and any grown siblings as well in order to:

- advise all family members that CP&P was contacted to investigate a referral of child abuse/neglect and explain why, introduce CP&P to the children, explain its function and purpose, and make the agency intervention relevant to each family member.
- assess the harm or risk of harm to siblings or other children in the home or in the care of the alleged perpetrator;
- determine whether abuse or neglect occurred;
- rule out risk to each child (the child identified as injured or abused may not be the most vulnerable child in the family);
- conduct a complete investigation and determine what happened. Each child may have differing details to provide concerning the incident in question. One child may readily, openly talk to the Worker while another may hide information or lie to protect the parent;
- observe and assess the family, as individuals and as a unit, e.g., how members function independently, how children interrelate with parents, how siblings relate to each other, where alliances lie, differing roles played by family members;
- assess service need and to provide outreach and services to each family member who needs them.

If there is concern that interviewing a particular member of the household will be detrimental, harmful, will in some way jeopardize the investigation, or is unnecessary, the Worker and Supervisor should hold a conference to discuss the issues. A decision not to interview the member must be documented, and must include the supporting information upon which the decision was based. The documentation may be entered on the Contact Sheet, CP&P Form [26-52](#), and/or the Investigation Summary.

### **Interviewing Siblings and Other Children    2-24-97**

If siblings or other children in the home of the subject child have not been seen during the initial field response and the elements of risk are limited, the Worker may consider planning with the parent/caregiver as to when and where the worker and other children should meet. By engaging the parents and showing them respect by obtaining their input and cooperation in a planned contact (as opposed to making a surprise home visit or seeing the child unnecessarily or intrusively in school) the seeds of a potential trusting, professional relationship are planted. It is far easier to see a child and establish a positive relationship with that child with the cooperation, help and design of

his parents than to make chance visits in the blind hope of finding him home and available.

If, however, the Worker has concerns for the safety and care of these siblings and has reason to believe that they, too, may be at risk, then at least part of the interview with these children should be conducted alone or separately from the parents.

### **Exceptions to Seeing all Siblings      4-4-2005**

Under certain circumstances, it may not be possible or practical for the Child Protective Investigator to see all children in a family.

Investigations can be concluded within 60 calendar days of SCR assigning the CPS report to a field office for response without CP&P seeing all children in the following types of situations:

- **Child Not Home at Time of Reported Incident:** A child, who was not the subject of the allegation, was away from home for a period of time when the alleged incident was said to have occurred (child was at residential camp, on vacation, in the hospital for non-CPS reasons) and the child is still unavailable. The allegation is unfounded at the initial investigation (see [CP&P-II-C-5-100](#)), and the children in the home are found to be safe. If waiting to see the child would hold up case processing, and serve no true purpose other than a formality, the sibling does not have to be seen. If a service case is to be opened, the sibling would be seen upon his return home, to be included in the family assessment and case planning.
- **Abuse Report - Injuries Due to Medical Condition:** An abuse report is received and the child who is the subject of the allegation is seen. During consultation with the pediatrician it is learned that severe bruising on this child is due to a medical condition (e.g., leukemia). He says parents are caring and appropriate with this child and the others. Child's condition is a cause of stress to the family. CP&P offers child welfare services to the family, but the family refuses them. Further CP&P intervention is intrusive and unwarranted.

All children and household/family members are seen as soon as possible. If key individuals cannot be located/contacted, proceed in accordance with [CP&P-II-C-5-125](#), (Good Faith Effort) Follow-Up, Until Resolution.

### **Interviewing Other Witnesses and Information Sources      12-22-2003**

An investigation may begin in an emergency room or other hospital setting, where several doctors and nurses with different specialties may have examined the child. The Worker must interview each of the doctors who directly treated or examined the child. It is especially important to interview the doctor who requested or ordered the referral to CP&P. A common problem is that the doctor who ordered the referral (or another

doctor who treated the child) has gone off-shift by the time of the response. If this is the case, the response worker finds out when the doctor will be available next and arranges to speak with him or her. If doctors disagree about whether abuse caused the injuries or about other significant aspects of the child's condition, the worker and supervisor obtain medical consultation, whether or not a referral to a CP&P medical consultant -- CP&P Local Office Child Health Unit Nurse, Regional Nurse Administrator, or consultant pediatrician -- was already made during screening.

As the worker proceeds with initial interviews, he or she makes note of the information that needs to be corroborated and verified in order for the worker and supervisor to make an informed decision, and the collateral sources that can be used to do so. Some of the collateral sources of information that may be key include:

- Police checks for parents, caregivers, paramours, and other adults living in or regularly frequenting the home, if not already done at screening, including baby-sitters arranged by the parents. Police checks are mandatory when the presenting situation involves family violence or known or suspected substance abuse;
- The county welfare agency;
- Pediatricians, clinic staff, emergency room staff, and other physicians who are treating the child presently or who have treated the child in the past;
- Drug and alcohol treatment facilities with which parents or other adults in the home say they have been involved;
- School and/or child care personnel who have frequent or regular contact with the child;
- Extended family members living outside of the home who care for the child or who have frequent contact with the family;
- Neighbors who may have witnessed this or previous incidents; patterns in the household; interactions between the parent and the child over time; interactions between the parents and/or between a parent and a paramour or other adult(s); interactions between children/siblings; methods used by the parent or others to discipline the child; and/or unusual practices, appearances or behaviors exhibited by the parent(s), child or family;
- Any other information source that can confirm or deny important pieces of information provided by primary persons.

The assigned response/intake worker requests information (through personal contact, by telephone or letter, as appropriate) from relevant secondary informants (doctors, school personnel, neighbors, extended family members, etc.) and takes the necessary follow-up steps to obtain the needed information. (The Worker's objective is to elicit relevant information without disclosing more client information than is absolutely essential.)

## **Inspecting the Child for Signs of Physical Abuse 2-6-2012**

If physical abuse with injuries has been alleged, or if the Worker has reason to believe that the child has injuries that were not mentioned in the original allegation, the Worker conducts a visual inspection of the child subject of the investigation and each child living in the home who may have been physically abused. The Worker observes for marks, lacerations, abrasions, welts, burns, and bruises.

“The child protective investigator may remove, move or cause to be removed or moved only that clothing necessary to view suspected injuries, when conducting the investigation. This shall be done in a manner consistent with the alleged child victim's sense of privacy and in consideration of the age, sex and emotional state of the alleged child victim and the need to limit the number of physical examinations the alleged child victim undergoes. This shall be done only in the presence of an adult supportive of the alleged child victim, except in emergency situations.” (N.J.A.C. 10:129-3.3(b)) See below.

If possible, the response worker obtains the parent's and the children's agreement in inspecting the child for signs of physical injury. If the parent refuses to allow the child to be inspected for injury, the worker may remove the child on an emergency basis. If an emergency removal pursuant to N.J.S.A. 9:6-8.29 is not appropriate and the parent prevents a visual inspection of the child, the worker, in consultation with the Supervisor, litigation specialist and the DAG, may seek immediate relief from the court to proceed. Parental consent and cooperation in inspecting a child for injury are preferable, but not required. The worker need not obtain parental consent if the parent is not present or if the child is in a setting other than the home at the time of first contact, for example, the child is at school and can be examined by the school nurse.

Whether the child's clothing is removed or not, the worker's visual inspection for marks is not a medical examination and it does not lead to a medical diagnosis. It is not a final medical determination of how any marks that are found were made. It is the role of an examining nurse practitioner or a doctor to diagnose the child and to determine medically how any injuries to the child might have been caused.

Any child who acts injured or complains of pain should be examined promptly by a doctor or nurse practitioner, since serious, even fatal internal injuries may be present even when there are no marks.

The worker may not inspect any child's body for signs of sexual abuse. The child is brought to a medical practitioner for that purpose. The worker may not touch the genitals of any child regardless of the child's age. If sexual abuse is suspected for any reason, if the child upon visual inspection for signs of physical abuse shows any signs of injury to the genitals or infection of the genitals, the worker shall arrange for the child to be examined immediately by a nurse practitioner or a doctor. See [CP&P-II-C-5-700](#) - Sexual abuse indicators.

## **Undressing a Child                    2-24-97**

If the child needs to be treated or examined by a health professional because of obvious injuries or health circumstances, or if the worker knows that the child will be examined by a health professional later in the same day, the worker should leave visual inspection of the child to the health professional who will examine the child. This is done to avoid repetitive inspections of the child's body.

Undressing the child must be done in a manner which is sensitive to the child's feelings and which elicits the least resistance from the child. Moving or removing the child's clothing should be done in a manner consistent with the child's sense of privacy, and in consideration of the child's age, sex, and emotional state.

The Worker should explain to the child what is happening and why, and ask the child's cooperation. The worker explains to the child that he or she is looking to see that the child is okay, and to see if he or she has any marks that a doctor might need to see. The worker answers any questions the child may have as directly and as reassuringly as possible.

When the child may be upset by undressing in front of a Worker of the opposite sex, e.g., due to the child's age, the child should be examined by a health professional.

Since removing clothing is inherently invasive of the child's privacy, it is essential that the worker be as reassuring to each child as possible and as respectful as possible of the child's bodily privacy, his or her age, his or her gender, and his or her emotional state. Undressing does not mean complete nudity. An article of clothing may be removed or shifted to allow visual inspection. Returning each item of clothing to its normal position before proceeding to the next is recommended.

Except in emergency circumstances, the worker should only remove a child's clothing in the presence of another adult who is supportive of the child and whom the child trusts. If that person is not of the same sex as the child, another adult who is the same sex as the child should also be present.

If a parent is present, the worker should ask the parent to remove the clothing from covered parts of the body.

If the parent is not present, the worker may ask an older sibling or another person whom the child trusts to move or remove clothing as necessary to inspect the child.

If the parent or an older sibling or someone the child trusts is not present, except as in Exceptions below, the worker may ask the child to remove the clothing himself or herself.

As a last resort, except as specified below, the worker himself/herself may remove clothing in order to inspect a child for injuries. Whenever possible, the Worker undressing the child should be the same sex as the child.

### **Exceptions 2-24-97**

- The worker may not undress pre-adolescent or adolescent children who are capable of removing their own clothing. "Pre-adolescent" means a child who is or appears to be on the verge of puberty, roughly the ages of 10-12.
- Under no circumstances may a worker undress or have someone else undress a child of the opposite sex who is adolescent or pre-adolescent. The worker may not ask a pre-adolescent or adolescent child of the opposite sex to undress himself or herself.

If the worker decides for good reason that it is unnecessary to conduct a visual inspection of all children in the home, the worker must document the reason for that decision clearly in a Contact Activity Note or the Investigation Summary, DCF Form [2-1](#), in NJS. In addition, the worker reports and explains the decision to his or her supervisor at the earliest possible opportunity.

### **Photographs 2-6-2012**

"The child protective investigator may photograph or arrange to photograph the alleged child victim's injury or harm, whenever there are visible indications of injury or harm, and subsequently to record the results of the injury or harm, when conducting the investigation." (N.J.A.C. 10:129-3.3(c))

The worker may photograph the child's injuries, or arrange for photographs to be taken, in order to document the severity of harm. Similarly, the worker may also photograph a child to document visible effects of severe neglect. Photos do not need to be taken in every case. However, it is important to document with photographs cases of very severe and/or multiple injuries inflicted on a child or marks and bruises that are likely to fade. No matter whether photographs are taken, the worker describes the injuries carefully in the Investigation Summary, DCF Form [2-1](#), in NJS:

- their location;
- their size;

- their shape;
- their coloration;
- their apparent tenderness;
- their age or the date they were believed to have been inflicted (per the results of medical examination conducted by a nurse practitioner or doctor); and
- child's description of any pain or other symptoms.

It is important to remember that the size and characteristics of any mark is less important than the level of danger or risk associated with the action that caused it.

Whether the worker or another person photographs the child, the worker comforts and reassures the child, and explains to him or her in simple terms why the photographs need to be taken. The worker tries to help the child with his or her anxiety and tries to remove any stigma that the child may feel throughout the course of the investigation. It may be most practical and effective to photograph the child during the course of an expert medical examination. If photographs can be taken in a safe setting outside of the child's home, a confrontation with the child's parents may be avoided, and it may also be less traumatic to the child.

Photographs may also be taken of the home to document serious health or safety hazards or to document the site where, e.g., a child allegedly injured himself accidentally.

The Worker may take the photographs or request the assistance of the police, prosecutor, county sheriff's department, or hospital administrator (N.J.S.A. 9:6-8.11). The photographs should be in color whenever possible. Photographs may be taken outside the home without the consent of the parent. They may be taken within the home unless the parent objects. If the parent interferes with the taking of the photographs, consult the DAG to determine if court action is necessary.

Each photograph should be marked with the name of the child/family; child's date of birth or age; the date, time and place it was taken; names of others present when the photograph was taken; name of person who took photograph.